

Short Communication

MEDIAL PATELLAR DESMOTOMY BY BLIND METHOD IN LARGE RUMINANTS DURING UPWARD PATELLAR FIXATION

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ABSTRACT: A total number of 21 cases were reported with the clinical history of locked stifle joint. All cases were operated by medial patellar desmotomy using blind (closed) method. Cases were recovered 100% with immediate relief. This blind method may be followed for operation of upward fixation of patella.

Key words: Medial patellar ligament, Upward fixation, Blind method.

From the clinical point of view the stifle joint is very important; it includes the femuropatellar and femurotibial joints (Abdalla *et al.* 2013). Patella is connected to the cranial tibial tuberosity by patellar ligaments. The patellar ligaments are medial, middle and lateral (Getty 1975). Medial patellar ligaments in stifle joint are surgical importance for the medial patellar desmotomy during upward patellar fixation (Mejbah-uddin 2009). Sporadic occurrences are seen in dairy cattle and it is reported to be quite common with draft bullocks in India (Ashwood 2009). Suggested causes include inherited factors, physical strain causing ligament damage, low levels of nutrition and production stress and/or a combination of these factors

(Ashwood 2009). In bovines, most common, best and only successful treatment to correct upward fixation of the patella is the medial patellar desmotomy (Ramakrishna 1972).

A total no of 21 cases reported to ABAHC, BaraUrma, Balarampur block of Purulia district, West Bengal, India during the period of September 2012 to April 2013 of 17 cattle & 4 buffaloes with the history of locked/stiff joint locally termed as "Jhanka". All animals were carefully examined and some of them were also observed by pushing backward to see the non-lifting or dragging of affected hind leg for confirmation of locking or stiffness. Animals were restrained by using cotton rope with affected leg at recumbency. Forelegs were tied

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Fig.1: Infiltration of 2% lignocain Hcl at the site of operation.

carefully. The opposite leg of affected hind leg was also tied with forelegs. The limb to be operated was kept fractioned and a bamboo was placed under the affected limb. Topography was felt. Tuberal tuberosity was identified by middle finger. To the tuberal tuberosity at about 45° angle medially the slippery medial ligament was identified by fore finger. The ligament was raised and fixed by positioning the limb fractioned with bamboo. 1.5% iodine solution was sprayed over the area of operation. Local infiltration of 2% lignocaine was done for local anaesthesia (Fig.1). A pro-care sterile surgical blade (no.12, Hindustan surgical, India) fitted to BP handle no. 3, was used to cut the ligament. Carefully medial patellar ligament was felt by one hand and it was incised from middle edge

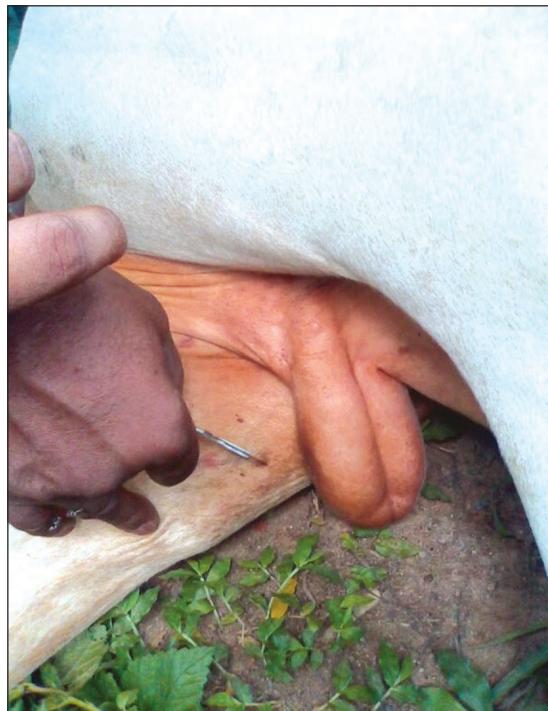


Fig. 2: Cutting of the medial patellar ligament with help of 12 no blade.

to medial side of the ligament by another hand (Fig.2). A crunching sound was observed while cutting the ligament. Single knot was given to stop the oozing out blood in two cases.

All animals were recovered successfully. Out of all reported cases, 19 cases (operations) were found to be non haemorrhagic (Fig.3) and there were no need of suture. But in two cases a small amount of blood was oozed out and suture was required.

Present study suggested that for the medial patellar desmotomy, stab (close/ blind) method is preferable because there are either little or no haemorrhage with a small hole from exterior, not involve suturing, rapid healing with less post-operative complication, no need to give complete rest for a longer period, minimum cost

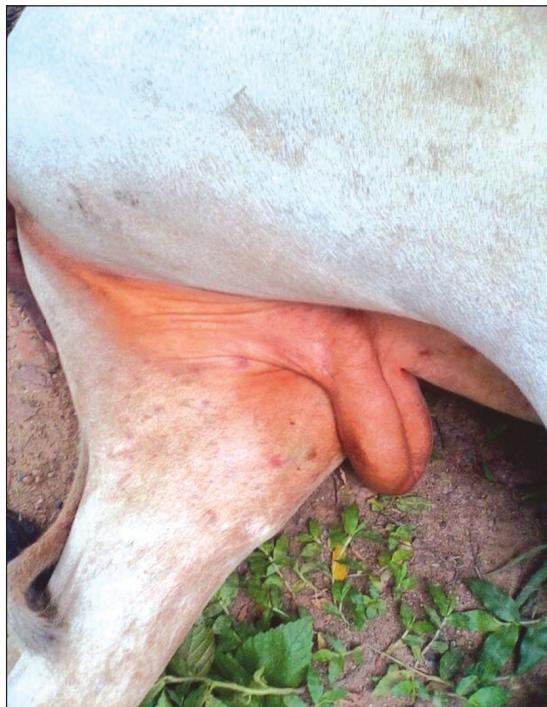


Fig. 3: Non haemorrhagic operation of medial patellar desmotomy.

of treatment and finally less time consuming. This is at per with the observation stated by Mejbah-uddin (2009).

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